

**Our Lady of Sorrows School
172 Academy Street
South Orange, NJ 07079
973-762-5169**

AUTHORIZATION TO ADMINISTER MEDICATION IN SCHOOL

If it is necessary for your child to receive over the counter medication in school, the medication must be in a sealed container (new). The directions to give the medication are followed on the medication box. If a different dose is to be given (other than the directions from the box) then a note from your physician has to accompany the medication as to the name of the medication, route, dose and frequency/time and why the medication is needed.

STUDENT'S NAME: _____ **GRADE:** _____

NAME OF MEDICATION: _____

DOSAGE OF MEDICATION: _____

FREQUENCY/TIME GIVEN: _____

ROUTE: * MOUTH* *EAR* *NOSE* *EYE* *TOPICAL TO _____ AREA* * OTHER*
(Please Circle One)

PURPOSE OF MEDICATION: _____

POSSIBLE SIDE EFFECTS: _____

PHYSICIAN'S NAME & ADDRESS: _____

PHYSICIAN'S PHONE NUMBER: _____

(Signature of Physician)

(Date)

(Signature of Parent/Guardian)

(Date)